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Bib Data Sheet

CONFIRMATION NO. 3335

<b>SERIAL NUMBER</b> 10/035,319	<b>FILING OR 371(c) DATE</b> 10/26/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-10124.00
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**\*\* CONTINUING DATA \*\*\*\*\*** JPO  
 This appln claims benefit of 60/294,072 05/29/2001 and claims benefit of 60/243,393 10/26/2000  
 and claims benefit of 60/243,536 10/26/2000  
 and claims benefit of 60/243,609 10/26/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** JPO

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 03/11/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>James P. Orupya</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
27581

**TITLE**  
Closed-loop neuromodulation for prevention and treatment of cardiac conditions

<b>FILING FEE RECEIVED</b> 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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